



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E471933**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE # **15-02571**

LOCAL AGENCY CODING ☐

TOTAL # OF UNITS **02** OBJECT STRUCK ☐

DATE OF COLLISION **10** - **15** - **2015** TIME (2400) **1400** COUNTY # **31** MILES ☐ N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664** CITY # ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
79TH DR NE BLOCK NO. ☒ **600** MILE POST ☐

DISTANCE **200** **00** MILES ☐ N ☒ E ☐ FEET ☒ S ☐ W **VERNON RD** OF (REFERENCE OR CROSS STREET)

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253097321**

LAST NAME **OUK** FIRST NAME **AMANDA** MIDDLE INITIAL **L**

STREET NEW ADDRESS **623 79TH DR NE**

CITY **LAKE STEVENS** ST **WA** ZIP **982583367**

CDL ☐ RESTRICTIONS **B** ENDORSEMENTS ☐

DRIVER'S LICENSE # **OUK**AL016ND** STATE **WA** SEX **F** D.O.B. **08** - **04** - **1999**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES ☐

LICENSE PLATE # **AFZ6268** STATE **WA** VIN# **4T1BD1FK1CU001341**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2012** MAKE **TOYT** MODEL **CAM4D** STYLE **4D** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **SAMBO OUK 623 79TH DR NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERIPRISE A101172533**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE ☐

LAST NAME **UNKNOWN** FIRST NAME ☐ MIDDLE INITIAL ☐

STREET NEW ADDRESS ☐

CITY ☐ ST ☐ ZIP ☐

CDL ☐ RESTRICTIONS ☐ ENDORSEMENTS ☐

DRIVER'S LICENSE # ☐ STATE ☐ SEX **U** D.O.B. ☐ - ☐ - ☐

ON DUTY ☐ STATUS ☐ AIRBAG **9** RESTR. **9** EJECT **9** HELMET USE **9** INJURY CLASS **0** NATURE OF INJURIES ☐

LICENSE PLATE # **C89881C** STATE **WA** VIN# **1GCGK29U31Z207652**

TRAILER PLATE # ☐ STATE ☐ TRAILER PLATE # ☐ STATE ☐

VEH. YEAR **2001** MAKE **CHEV** MODEL **K1500** STYLE **PK** VEHICLE TOWED YES ☐ NO ☒ TOWED BY ☐ GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **JEFFREY STEVENS 206 BELMARK AVE PO BOX 1585 GRANITE FALLS WA 98252 D: 4252184581**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **TOPA INS TMW0010734**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # ☐ CHARGE ☐



OFFICER'S NAME (PRINT) **C. CHRISTENSEN** BADGE OR ID # **0075** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E471933**

CASE # **15-02571**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 2 was parked unoccupied in the 600 block of 79th Ave NE. Unit 1 was backing out of 623 79th Ave NE and struck Unit 2 just in front of the passenger side rear tire. Driver of Unit 1 left the scene without providing any information and was contacted later. Driver of Unit 1 admits to striking with her vehicle and got scared and left the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-16-15 11:52 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

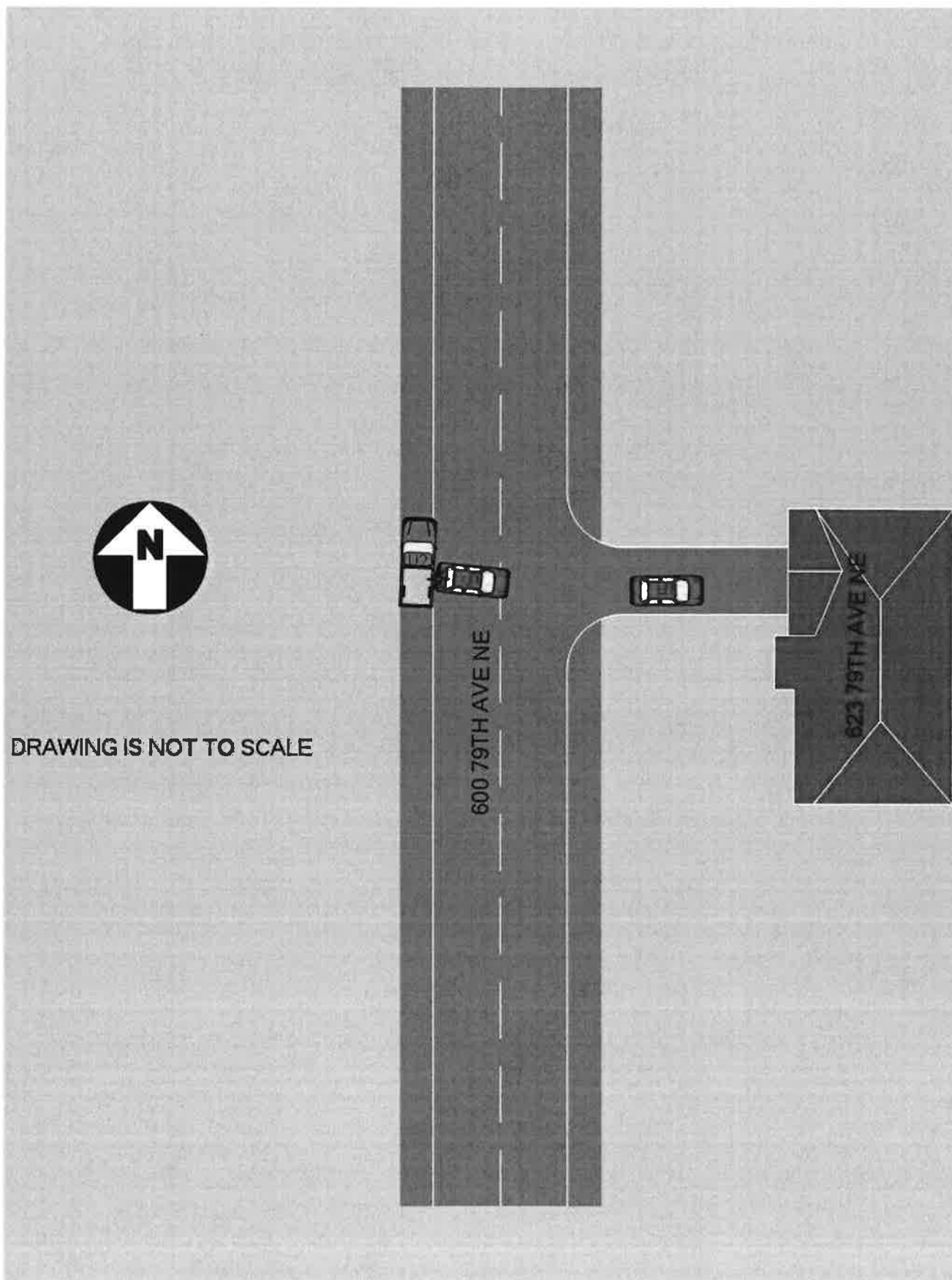
10/17/2015 3:12:20 AM

BADGE OR ID # **0075**

ORI # **WA0311900**

TIME POLICE DISPATCHED **2:00 PM**

TIME POLICE ARRIVED **2:18 PM**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02571

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) STEVENS Jeffrey Thomas	RACE	ETH WHITE	SEX M	DOB 02-02-74	AGE 41	HGT 6'	WGT 190	HAIR BR	EYES BR
STREET ADDRESS 206 BELMARK AVE PO 1585		CITY GRANITE FALLS		STATE WA		ZIP 98252		RES. STATUS OWNER		
HOME PHONE 425 218-4581		CELL PHONE SAME #		PLACE OF EMPLOYMENT SELF EMPLOYED						
WORK PHONE SAME #		EMAIL ADDRESS JEFF.T.STEVENS@outlook.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Hello my NAME is JEFF STEVENS At AROUND 1:30pm I had lunch in my truck and then WAS UNLOADING tools from my truck. Then about when I was done I went back into the RESIDENCE where I was working for about 20 min then my cousin yelled to me to come outside somebody just hit my truck then drove AWAY. I did not see who it was but the pieces of tail light's left behind made me think it was the neighbor across the street.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

[Signature]

DATE SIGNED

10-15-15

LOCATION SIGNED

OFFICER/NUMBER:

[Signature] #15

DATE SIGNED

10/16/15

LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00571

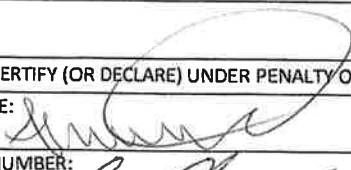
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Ouk L Amanda	RACE W	ETH	SEX F	DOB 08/04/99	AGE 16	HGT 5'4"	WGT 115	HAIR BR	EYES BR
STREET ADDRESS 623 79th DR NE		CITY Lake Stevens		STATE WA		ZIP 98259		RES. STATUS WA		
HOME PHONE 425-309-7321		CELL PHONE 425-299-8854		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, Amanda Ouk, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was backing out of my drive-way and hit the parked truck

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10/15/15	LOCATION SIGNED
OFFICER/NUMBER: C. Ouk #75	DATE SIGNED 10/16/15	LOCATION SIGNED

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